



MEMBERSHIP APPLICATION

I/We.....agree to accept nomination for
(Print Name)
Membership of the Society and agree to abide by the Rules of the Society.

On receipt of confirmation of our acceptance as member/s, I/we agree to pay the Annual
Membership fee of \$12 single or \$15 double.

Signed.....

Date.....

Full Name.....

Postal Address.....

Email.....

Birthday Month only (optional).....

Contact Phone No.....

NOMINATOR

I (Proposer)..... (Print Name)

(Secunder)..... (Print Name)

wish to nominate.....

for membership to the Devonport Orchid Society Inc.

Signed.....(Proposer).....(Secunder)

Dated.....

COMMITTEE ONLY

We the committee of the Devonport Orchid Society Inc. accept the nomination of the
abovementioned applicant.

Signed on behalf of the committee.....

President/Secretary/Treasurer